

CLAIMS ONLY						
			Application Number <b>10796462</b>		Filing Date	
			Applicant(s) [Signature]			
* May be used for additional claims or amendments						
CLAIMS	AS FILED <b>9-13-05</b>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	<b>5</b>					
Total Depend	<b>33</b>					
Total Claims	<b>38</b>					